



Smart Money Cymru Credit Union Junior Membership Form

64-66 Cardiff Road
Caerphilly
CF83 1JQ
029 2088 3751

Email: info@smartmoneycymru.co.uk

Website: www.smartmoneycymru.co.uk

Applicant's Name: _____ D.O.B.: ____/____/____ Age: _____

Address: _____

Post Code: _____

*Please supply a copy of the child's Birth Certificate as a form of identification.
Two forms of identification are required for the Parent opening the account.*

Parent Name: _____ Membership Number: _____

Address: _____

Post Code: _____ Contact Number: _____

I hereby apply to open a Credit Union Junior Deposit Account and agree to abide by the Credit Union rules and policy governing the operation of Junior Deposit Accounts. I further declare that the information given by me on this form is true and correct to the best of my knowledge. **Signing will confirm you are happy for the credit union to hold your child's data.**

Applicant Signature: _____ Parent Signature: _____

Respecting Your Privacy - The information requested on this form is to assist the credit union in managing your account. Keeping your information safe is a responsibility we take very seriously, our Privacy Notice explains what you can expect from us when it comes to your information. If you wish to receive a copy please contact the office or alternatively visit our website www.smartmoneycymru.co.uk

For Office Use Only (To be completed by the Credit Union Officer)

ID Supplied: _____

Verified By: _____ Position in Credit Union: _____

Date: ____/____/____ Membership Accepted / Refused Deposit Made: £____:____

Comments:

Smart Money Cymru Credit Union is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our FSA Firm Reference Number is 213370